

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-29-2008 90089 010 ***158.75

DOCUMENT # 852964 1. Entity Name SHAUM ELECTRIC CO., INC.					
Principal Place of Business 1125 N. NAPPANEE ST. ELKHART, IN 46514			Mailing Address 1125 N. NAPPANEE ST. ELKHART, IN 46514		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 35-0840342	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HARTMAN, LUCILLE B. 1656 NEW POINT COMFORT RD. ENGLEWOOD, FL 34223				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when certifying)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAUM, GARY 22818 SELBY DR. ELKHART, IN 46514	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VF AMBERG, SHEL 59300 KNOLL DRIVE ELKHART, IN 46517	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARTMAN, LUCILLE 1656 NEW POINT COMFORT RD ENGLEWOOD, FL 34223	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO AMBERG, DERRICK 59300 KNOLL DR. ELKHART, IN 46517	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS ASBURY, MARGARET 726 HIAWATHA DR ELKHART, IN 46517	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE:		Date: 5/20/08		Daytime Phone: 574-262-009	